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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sonja Esther Berdahl  
Appl. No.: 10/784,520  
Filed: February 23, 2004  
Docket No.: 2165  
Conf. No.: 1514  
Title: **CHILD SAFETY HARNESS**  
Art Unit: 3636  
Examiner: Stephen D'Adamo  
Action: **TRANSMITTAL OF REVOCATION OF POWER OF ATTORNEY  
WITH NEW POWER OF ATTORNEY AND CHANGE OF  
CORRESPONDENCE ADDRESS**  
Date: August 1, 2005

TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:  
Please find enclosed for filing a power of revocation of power of attorney with new power of attorney and change of correspondence address executed by the Applicant, Sonja Esther Berdahl.

If you have any questions concerning this matter, please do not hesitate to contact the undersigned attorney at the number listed below.

Respectfully submitted,

**TIMOTHY J. MARTIN, P.C.**

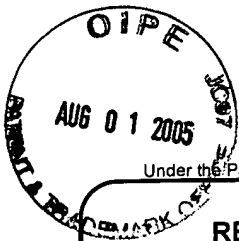
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Marcie F. King  
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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/784,520
Filing Date	February 23, 2004
First Named Inventor	Sonja Berdahl
Art Unit	3727
Examiner Name	Stephen D. Dadamo
Attorney Docket Number	2165

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24264

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

☐ Firm or  
Individual Name

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State

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Country

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Sonja Esther Berdahl

Date

7-19-05

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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